

Board of Health, City of Baltimore.

Permit No. 99420 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22-1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Ellagie E. Leary

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 23 Years, _____ Months, _____ Days, ✓

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation _____

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 18 Melan Street.

Cause of Death, { First (Primary), Second (Immediate). } Phthisis
Anemia

Duration of Last Illness, Attendants 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's cemetery

Date of Burial, April 25-1887

Undertaker, Martin F. Leary Medical Attendant, Mantury Brewer M. D.

Place of Business, 606 W. Townsend St. Address, 163 N. E. 11th St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99421 Office of Registrar of Vital Statistics.

Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22 - 1887

Full Name of Deceased, ^{ Write legibly and spell correctly. If an Infant not named, give names of parents. } Virginia S. Wilson

Sex, Male or Female, ^{ Cross out the word not required in this line. } female

Age, 56 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, ^{ Cross out the words not required in this line. } widow

Occupation, nil

Birth Place, ^{ State or country, and how long in the United States, if of foreign birth. } Hanford Co Md.

Duration of Residence in the City of Baltimore, 1 1/2 years -

Place of Death, ^{ Give Street and Number. } 1105 Barclay st

Cause of Death, ^{ First (Primary), Second (Immediate), } Pneumonia
asthma

Duration of Last Sickness, one year (about)

All the above information should be furnished by the Physician.

Place of Burial, Sharon Sta Hanford Co Md

Date of Burial, April 24 1887

{ Undertaker, W. Weaver } D. Stett M. D.
Place of Business, 738 N. Eutan St Address, 403 N. Eutan St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

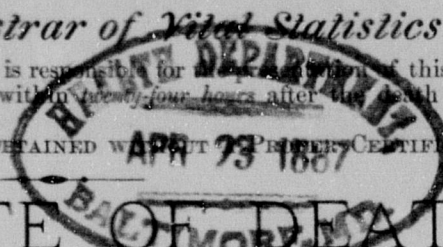
Health Department, City of Baltimore.

Permit No. **99422** Office of Registrar of Vital Statistics.

Ward **6th**

The Physician who attended any person in a last illness, is responsible for the accuracy of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, with in twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PRESENT CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, **April 22nd 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Quilia Hajda**

Sex, Male or Female, { Cross out the word not required in this line. } **Female**

Age, **33** Years, **7** Months, **1** Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Married**

Occupation, **Housewife**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Bonemia (Austria) 7 years**

Duration of Residence in the City of Baltimore, **7 years**

Place of Death, { Give Street and Number. } **11-2341 Broadway Ave.**

Cause of Death, { First (Primary), Second (Immediate), } **Phthisis pulm.**
Exhaustion

Duration of Last Sickness, **One year**

All the above information should be furnished by the Physician.

Place of Burial, **East Cemetery**

Date of Burial, **April 24th**

{ Undertaker, **Mr. Cwack** } **L. O. Winkler** M. D.
Medical Attendant.

{ Place of Business, } **Address, 25 S. Elder St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 99463 Office of Registrar of Vital Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 22, 1887
Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Frank M. Bull
Sex, Male or Female, { Cross out the word not required in this line. } Male
Age, 34 Years, Months, Days,
Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation, Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 534 Robert Street

Cause of Death, { First (Primary), Phthisis & Cardiac disease
Second (Immediate), Anemia

Duration of Last Sickness, Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 24/87
Undertaker, Chas. J. Scriven
Medical Attendant, Marking Brewster M. D.

Place of Business, 925 Madison Ave
Address, 1031 N. Calver St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99424 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wesley Barry

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 76 Years, 9 Months, Days

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Mariner

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, { Give Street and Number. } 1500 Marshall St

Cause of Death, { First (Primary), Second (Immediate), } Cerebral Softening
Cerebral Effusion

Duration of Last Sickness, some weeks

All the above information should be furnished by the Physician.

Place of Burial, Louisa Park

Date of Burial, April 24/87

Undertaker, W. E. Tipton & Sons John Monier M. D.

Place of Business, 65 S. Eutaw St Address, 118 E. Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99425 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday April 20th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Taylor

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 19 Years, 21 Months, 21 Days.

Color, Cole Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Life Insurance

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 707 Second St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, Apr. 21st

Undertaker, Wm. P. Chum M. D.

Medical Attendant.

Place of Business, 46 East St Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99426 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23 1887 Eliy Nelson

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Eliy Nelson George Hall

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 15 Years, 15 Months, 15 Minute Days.

Color, W

~~Married~~, Single, ~~Widow~~ ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, U

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1404 Liberty Road

Duration of Residence in the City of Baltimore, Lij

Place of Death, { Give Street and Number. } 1404 Liberty Road

Cause of Death, { First (Primary), Second (Immediate), } Asphyxia

Duration of Last Sickness, 15 Minutes

All the above information should be furnished by the Physician.

Place of Burial, St Peter's Cemetery

Date of Burial, April 23/87

{ Undertaker, Geo. E. Brown } James H. Hanning M. D.

{ Place of Business, Health Office Address, Carey St } Chief of Health

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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James H. Hanning

Chief of Health

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99427 Office of Registrar of Vital Statistics. Ward 5

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Elizabeth Julius

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 7 Years, 10 Months, 10 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 916 Hunter St

Cause of Death, { First (Primary), Gastro-Enteritis Second (Immediate), Exhaustion }

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Ashbury Cemetery

Date of Burial, April 23rd

{ Undertaker, Chas. S. Butler } J. B. Schwatka M. D. Medical Attendant.

{ Place of Business, 570 N. Caroline St } Address, 933 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99428 Office of Registrar of Vital Statistics. Ward 11²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Apr 22 1887

Full Name of Deceased, Elyse Perrine

Sex, Female

Age, 75 Years, 0 Months, 0 Days

Color, White

Married, Single, Widow or Widower, Widow

Occupation, Laundry

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, Home

Cause of Death, Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 25th 1887

Undertaker, Denny & Mitchell

Place of Business, 550 N. Fayette St Address, 184 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99429 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 20 April 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Georgeanna Glenn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 57 Years, X Months, X Days

Color, white.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife & Professional Nurse.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Washington D.C.

Duration of Residence in the City of Baltimore, about 25 years.

Place of Death, { Give Street and Number. } 1042 Valley St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
Cardiac Failure

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 24th

{ Undertaker, H. C. Wiedefeld B. Leonard M. D.
Medical Attendant.

{ Place of Business, 916 Greenmt Address, 312 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]